



CG-AM, LICENSE AMENDMENT REQUEST(S)

State Form 52682 (R / 6-08)

INDIANA GAMING COMMISSION

INSTRUCTIONS: Amendments to an Annual or Single Event must be requested **30 days before** the date of the event.

SECTION 1 Information - **Must be completed. Please submit this first page along with all sections you have completed.**

Organization name

Address (*number and street*)

City

State

ZIP Code

Organization daytime telephone number

Officer making request (*print name*)

Contact telephone number

License type you're amending

Current license number

- 1) The information requirements on amendment request(s) is the same as that which is requested on the original application. Be sure all information is included. Requests can be faxed to (317) 232-0117 or mailed to the Indiana Gaming Commission, Charity Gaming Division, 101 W. Washington Street, East Tower, Suite 1600, Indianapolis, Indiana 46204.
- 2) No individual can be an operator on two (2) different organizations' licenses.
 - a. If an individual is on one organization's license already, they first must be removed from that license (by that individual or by that organization's request in writing) & then that same person must wait one calendar month from that official change before they can be added on to your license.
- 3) Any amendments to the organizational license must be signed by the presiding officer and secretary.
 - a. The officer must be on the most recent "Current Officer Listing" (COF) we have on file. If the current officers have changed, especially after the original license was issued, please submit an updated COF with this request.
- 4) If the event facility address has changed, a copy of the new signed lease or donation statement showing the new address must be included with the request. In the case of a new facility being purchased, a copy of the signed purchase agreement must be included.
- 5) Please type or write information legibly. Be sure all completed pages have the presiding officer and secretary's signature and is dated.

SECTION 2

OPERATOR & WORKER INFORMATION

Attach additional copies if needed.

Amendments should be requested 30 days before the date of the event.

Reminders: *Operators must have been a member of the organization for 1 full year & workers must have been a member for at least 30 days.

List below: **OPERATORS** to be **ADDED** to License: License number _____

Full legal name	Home address (<i>number and street, city, state, ZIP code</i>)	Driver's license or state I.D.	Date of birth (<i>month, day, year</i>)	Daytime telephone number	Years with organization	Check appropriate box
						Barrender <input type="checkbox"/> Member <input type="checkbox"/>
						Barrender <input type="checkbox"/> Member <input type="checkbox"/>
						Barrender <input type="checkbox"/> Member <input type="checkbox"/>

List below: **WORKERS** to be **ADDED** to License:

Full legal name	Home address (<i>number and street, city, state, ZIP code</i>)	Driver's license or state I.D.	Date of birth (<i>month, day, year</i>)	Daytime telephone number	Mos./years with organization	Check appropriate box
						Barrender <input type="checkbox"/> Employee <input type="checkbox"/> Member <input type="checkbox"/>
						Barrender <input type="checkbox"/> Employee <input type="checkbox"/> Member <input type="checkbox"/>
						Barrender <input type="checkbox"/> Employee <input type="checkbox"/> Member <input type="checkbox"/>

Have any operators or workers listed been convicted of a felony within the last 10 years in any jurisdiction? Yes ☐ No ☐ If you answered Yes, attach a list including each name, date and type of conviction, and jurisdiction/court.

Please list the **Operators and/or Workers** you wish to have **REMOVED** from your current licensed event. Current License number _____

1) _____ 3) _____

2) _____ 4) _____

Signature of Presiding Officer	Print name	Title	Daytime telephone number	Date (<i>month, day, year</i>)
Signature of Secretary	Print name		Daytime telephone number	Date (<i>month, day, year</i>)

SECTION 3**"EVENT CHANGES" Request Form**Amendments should be requested **30 days before** the date of the event

Please answer each question below and then complete the specific changes needed.

*has the event facility address changed: yes ☐ no ☐*has the event date changed: yes ☐ no ☐*has the event playing time(s) changed: yes ☐ no ☐**ADDRESS CHANGES**

Previous event address (<i>number and street</i>)		
City	State	ZIP code

*If the event facility address has changed, but is still leased or donated, a copy of the new signed lease or notarized donation statement showing the new address must accompany this request.

*If the new event facility was purchased, a copy of the signed purchase agreement must be sent.

New/current event address (<i>number and street</i>)		
City	State	ZIP code

DATE AND/OR TIME CHANGES**Single Event Date & Time Changes**

Change event date FROM: (old date)	
Change event date TO: (new date)	

Previous event time from: Beginning time _____ Ending time _____New event time to: Beginning time _____ Ending time _____*(Please specify AM or PM - AM establishes the midnight hour and PM establishes the noon hour)***Annual License Date & Time Changes**

<u>REMOVE/OLD:</u> List week day and/or playing times		<u>ADD/NEW:</u> List week day and/or playing times	
Sun		Sun	
Mon		Mon	
Tues		Tues	
Wed		Wed	
Thur		Thur	
Fri		Fri	
Sat		Sat	

Current License number: _____

Signature of Presiding Officer	Print name	Title	Daytime telephone number	Date (<i>month, day, year</i>)
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Signature of Secretary	Print name	Daytime telephone number	Date (<i>month, day, year</i>)
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